

## Biological Analysis Request Sheet

### Instructions for Completing the Biological Analysis Request Sheet

#### Sample Identification Information

This information is located in the upper left-hand shaded box. It must be filled out completely by the sampler.

**Project/Site No.:** For sampling locations that have a permanent site designation or are part of a project that has a designated project number. (*For example, a private well sampled as part of a Superfund project.*) This does not need to be filled out if there is no project or site number associated with the sample.

**Project Name:** The designated name for the project number entered in the **Project/Site No.** It is also used for sites with no project number that are part of a larger investigation. (*For example, Industry Q might be the project name for several sites located on various streams that might be investigated in association with Industry Q.*)

**Station No.:** The field number assigned by the sampler that uniquely identifies the point at which the sample was taken. (*For example DC1.*)

**County:** Designated by the two-digit county code used by state agencies.

**Description:** The stream name and sample location. (*For example Dirty Creek 500 yards upstream outfall 001.*)

**Stream Mile:** The stream mile of a navigable river or stream. This is important information.

**Depth:** The depth at which the water sample was collected. It is only needed for chlorophyll samples.

**Collection Date:** The date the sample was collected.

**Time:** The time the sample was collected in military time (24-hour clock time).

**Sampler's Name:** Includes the first and last name printed legibly.

**Sampling Agency:** The agency collecting the sample. (*For example WPC TDEC.*)

**Billing Code:** The TDEC billing code and cost center for purchase of laboratory services assigned to the various TDEC programs to which the analyses performed on a sample are billed. (*For example 777.88 - 99.*)

**If Priority, Date Needed:** Must be filled out if results are needed by a particular date as determined by health effect emergency or program determined priority. **ASAP is not appropriate.**

**Send Report To:** The person and a complete address of where the sample report should be sent.

**Contact Hazard:** A listing of any known hazard related to the sample (chemical, physical, or biological). **Do not put none.** Write unknown if you are not aware of a hazard.

## Biological Surveys

## Bioassays

**All bioassay testing must be arranged in advance so that animals of the appropriate age can be ready by the required test date.**

- Static screenings \* one day
- Static definitives, 48- and 96-hour 7 days
- Chronics 14 days

**Mark Chlorine Residual** if the sample is chlorinated.

## Chain of Custody

1. The sampler signs his name in full in the **Collected By** space with the date and military time (24-hour clock time).
2. If the sampler gives the sample to anyone else before it is delivered to the laboratory, each person responsible by the sample must sign their full name on the Received By space with the date and military time. The person in the laboratory who receives the sample will sign line 4.

## Biological Analysis Request Sheet (Continued)

### Additional Information

Completely fill out all the information under **Additional Information** including:

1. Approximate volume of sample.
2. Nearest town or city.
3. Others present at collection.
4. Number of other samples collected at the same time at this point.
5. Field collection procedure, handling, and/or preservation of this sample (can write SOP if a written SOP was followed).
6. Mode of transportation to the laboratory (state vehicle, bus, UPS, etc.).
7. Sample/cooler sealed by.
8. Date sample/cooler sealed.
9. Remarks.



Please Print Legibly

## Biological Analysis

\*\*Schedule must be arranged in advance for all tests (615) 262-6327

<b>Project/Site No.</b>	<b>Screening Bioassays</b>	<b>Chronic Bioassays</b>	<b>Branch Lab Number</b>
<b>Project Name</b>	(Cannot be used for permitting)	<b>Chronic Cd</b>	<b>Chain of Custody (sign full name)</b>
<b>Station No.</b> <b>County</b>	<b>48 hr Static Screening Cd</b>	<b>Log Number</b>	1. Collected by
<b>Description</b>	<b>Log Number</b>	LC50 @ 24 hrs	Date      Time
<b>Stream Mile</b> <b>Depth</b>	LC50 @ 24 hrs	LC50 @ 48 hrs	Delivered to
<b>Collection Date</b> <b>Time</b>	LC50 @ 48 hrs	LC50 @ 72 hrs	Date      Time
<b>Sampler's name (Print)</b>	<b>48 hr Static Screening Pp</b>	LC50 @ 96 hrs	2. Received by
<b>Sampling Agency</b>	<b>Log Number</b>	Survival	Date      Time
<b>Billing Code</b>	LC50 @ 24 hrs	NOAEC	Delivered to
<b>If Priority, Date Needed</b>	LC50 @ 48 hrs	LOAEC	Date      Time
<b>Send Report to</b>		Reproduction	3. Received by
	<b>Acute Bioassays</b>	NOAEC	Date      Time
	<b>48 hr Static Definitive Cd</b>	LOAEC	Delivered to
<b>Contact Hazard</b>	<b>Log Number</b>	IC25	Date      Time
<b>Date Reported</b> <b>By</b>	LC50 @ 24 hrs	<b>Chronic Pp</b>	4. Rec'd in Lab by
<b>Reviewed By</b>	LC50 @ 48 hrs	<b>Log Number</b>	Date      Time
<b>Reviewed by</b>	NOAEC	LC50 @ 24 hrs	Logged in by
<b>BIOLOGICAL SURVEYS</b>	LOAEC	LC50 @ 48 hrs	Date      Time
<b>Macroinvertebrate Recon</b>	<b>48 hr Static Definitive Pp</b>	LC50 @ 72 hrs	<b>Additional Information</b>
<b>Rapid Bioassessment (State SOP)</b>	<b>Log Number</b>	LC50 @ 96 hrs	1. Approx. volume of sample
<b>Intensive Survey - Surber</b>	LC50 @ 24 hrs	LC50 @ 120 hrs	2. Nearest town or city
<b>Intensive Survey - Dendy</b>	LC50 @ 48 hrs	LC50 @ 144 hrs	
<b>Fish Population Recon</b>	NOAEC	LC50 @ 168 hrs	3. Others present at collection
<b>Fish Population Intensive</b>	LOAEC	Survival	
<b>Fish Tissue Collection</b>	<b>96 hr Static Definitive Cd</b>	NOAEC	4. Number of other samples collected at same
<b>Chlorophyll Analysis</b>	<b>Log Number</b>	LOAEC	time at this point
<b>Log Number</b>	LC50 @ 24 hrs	Growth	
<b>Chlorophyll a</b>	LC50 @ 48 hrs	NOAEC	5. Field collection procedure, handling and/or
<b>Pheophyton</b>	LC50 @ 72 hrs	LOAEC	preservation of this sample
<b>SPECIAL STUDIES</b>	LC50 @ 96 hrs	IC25	
<b>(Please Specify)</b>	NOAEC		
	LOAEC	<b>Chlorine Residual</b>	6. Mode of transportation to lab
	<b>96 hr Static Definitive Pp</b>		
	<b>Log Number</b>	<b>Lab Parameters</b>	7. Sample/cooler sealed by
	LC50 @ 24 hrs	pH	
	LC50 @ 48 hrs	Cond.	8. Date sample/cooler sealed
	LC50 @ 72 hrs	D.O.	9. Remarks
	LC50 @ 96 hrs	Temp.	
	NOAEC		
	LOAEC		